



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PAC'S)

1. Committee ID #: 13700850 UGH  
2. Type of Filing: MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN  
☐ Original  
☒ Amendment to Items: 8 Eff. Date: 9/3/04  
3a. Full Name of Committee-Must include affiliate or sponsor:  
CITIZENS FOR RESPONSIVE  
AND ETHICAL GOVERNMENT  
3b. Acronym or Abbreviation (if any): C.R.E.G  
3c. Are you a Separate Segregated Fund (SSF)? ☐ YES ☒ NO  
3d. If YES, the sponsor is a: ☐ Corporation ☐ Labor Organization ☐ D.D.S.  
The sponsor's name is:  
4. Complete Comm. Mailing Address (May be PO Box):  
39295 RIVERCREST  
HARRISON TWP. MI. 48045  
4a. Complete Comm. Street Address (May not be PO Box):  
5. Date Committee was Formed in MI: 11/27/01  
6a. Committee Phone #: (586) 465-1595  
6b. Committee Fax #: (586) 465-1595  
6c. Committee E-mail Address:  
7. Treasurer Name and Complete Address:  
JAMES A. ULINSKI  
39295 RIVERCREST  
HARRISON TWP. MI. 48045  
☐ OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN  
STIPULATION:  
I stipulate and agree that any legal process affecting this committee served on  
the Secretary of State or an agent designated by the Secretary of State shall  
have the same effect as if personally served on me and all other principals of  
this committee. I further agree that this appointment shall remain in force as  
long as any liability of this committee remains outstanding within the State of  
Michigan.  
Phone #: (586) 465-1595  
E-mail Address:  
8. Committee Type (Check one): ☒ Political ☐ Independent  
9. Designated Record Keeper Name and Complete Address:  
JAMES ULINSKI  
39295 RIVERCREST  
HARRISON TWP. MI. 48045  
Phone #: (586) 465-1595  
E-mail Address:

10. ☐ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in a calendar year and checks this box; the filing requirement of pre, post, annual, triannual and quarterly campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds.

a. Official Depository  
HUNTINGTON BANK  
39840 BRIDGEVIEW  
HARRISON TWP. MI. 48045

b. Secondary Depository

12. MERTS PLUS: This item applies to committees that file with the Michigan Department of State Bureau of Elections and does not apply to PAC's that file with the County Clerk's office.

The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

\*\* OR \*\*

☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)

Current Treasurer:

James A. Ulinski 9/3/04

Designated Record Keeper (Required only if filing electronically):

James A. Ulinski 9/3/04